

pulmonary veins, during the apneal period, performed an analogous function in these cases.

At the same time Dr. Grimshaw mentioned a very interesting observation, which seems confirmatory of the explanation I offer. Dr. Grimshaw had taken several sphygmographic tracings of the pulse in Dr. Head's case, already alluded to. In that patient there existed permanent patency of the aortic valves, and he noticed that the tracings taken during the breathing period exhibited markedly the collapsing pulse of that lesion, while tracings made during the apneal pause showed no such character, a circumstance which, on my theory, would find its explanation in the extreme loading of the left cavities with arterial blood at that time preventing the returning wave falling into the ventricles, as it ordinarily does in aortic insufficiency.

ART. VI.—*History of Two Cases of Hermaphroditism.* By
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THERE are at present in our workhouse two very interesting cases of abnormal development of the sexual organs, considered as male and female, in children of the same family.

The first subject, who has hitherto been regarded as a girl, is aged thirteen years, and presents nothing particular in her general conformation. She is rather good-looking, intelligent, modest, and without the slightest appearance of masculinity.

She was brought under my notice by her mother, for a tumour in the left labium pudendi, and which she stated had made its appearance about one month previously. On examining the parts, and separating the labia, I found that there was no vagina, but there is an apparently well-developed clitoris, having a slight indentation on its glans, with a prepuce, but no nymphæ. Below it there is a funnel-shaped depression, lined with mucous membrane, capable of containing a hazel nut, and leading to a small orifice, through which she micturates. From this, backward to the perineum, the labia are united, forming a deep groove. The left labium is larger than the right, and each contains what appears to be a testis, or ovary, with a trace of cords. The right testis is very high towards

^a Read before the Dublin Obstetrical Society.

the inguinal region; it requires a good deal of manipulation before it can be felt, and is much smaller than the left. It is likely that the latter may have occupied a similar position previous to the time when the tumour presented itself visibly, and attracted the mother's attention, it only then having descended to its present place.

On mentioning to the mother this condition of her child, she was much alarmed, and said there was something wrong also with her little boy, whom she had with her in the infirmary, and whom I had daily opportunities of observing—the woman being a wardsmaid in this department of the institution nearly since her admission, nine months previously.

This child is four years old. He is large for his age; his abdomen protuberant; his legs, arms, and thighs soft and round, and containing a large amount of fat; yet he is not more feminine in his appearance than boys of his years.

On a first glance, when exposed for examination, the external parts of generation have all the appearance of a female. I may say nearly the same description answers for him as for his supposed sister. In place of a scrotum there exist the outlines of the labia pudendi united at the mesial line, without the deep groove as in his sister, but forming a commissure extending to the perineum. Each side contains a very small rudimentary testis and cord; and he also urinates through an orifice at the base of his elementary penis.

On a uterine sound, and also a catheter being introduced, they passed into the bladder; but the finger in the rectum failed to detect any intervening canal, uterus, or prostate gland. On those occasions the "clitoroid penis" in the elder child seemed to possess erectile properties.

Besides these two children the mother has had ten others, of whom six are living—five males, and one female, all well formed. I questioned her closely as to her having had any previous knowledge of the elder child's state, but she declared firmly she had not the least idea of it up to the appearance of the tumour. She was aware of the deficiency in the younger one, as the medical gentleman who attended her in her confinement had informed her of it.

These children present good specimens of doubtful sex, and as such I have thought it right to bring them before the profession. Records of similar instances are scattered through the works of different medical writers. Dr. Beatty, Sir James Simpson, and others have given ample descriptions of them. Dr. Beatty, in his

Contributions to Medicine and Midwifery, has devoted an entire article to them, in which, following Sir E. Home, he divides them into four classes, viz. :—

I.—Malformation of the male.

II.—Malformation of the female.

III.—Males with such a deficiency of the organs that they have not the character and general properties of the male, and may be called neuters.

IV.—Where there exists a real mixture of the organs of both sexes, although not sufficiently complete to constitute the double organ.

I think the elder child may be fairly ranked in the first class, while the younger corresponds more closely in all respects and characteristics to the third class.

I shall soon lose sight of these children, which I regret. It would be desirable to watch the development of the sexual instincts and desires as they grow in years, and to see in what direction they may tend. Doubts have been raised as to the capability of individuals of this kind possessing or exercising procreative powers; but instances have occurred, where previously none were supposed to exist, but where subsequent events proved it to be otherwise, as the following case will show. The description would be ludicrous, if it were not for the sad fate of the hapless wight whose history it relates.

“In the year 1459, there was a bairn which had the kinds of male and female, called in our language a *scarcht*, in whom man’s nature did prevail. But because his disposition and portraiture of body presented a woman, in a man’s house of Linlithgow (Scotland) he associated in bedding with the goodman’s daughter of the house, and made her to conceive a child; which being divulgate through the country, and the matrons understanding the damsel deceived on this manner, and being offended that the monstrous *beast* should set him forth as a woman, being a very man, they got him accused and convicted in judgment for to be burnt quick for this shameful behaviour.”—*Prescott’s History of Scotland*, quoted by Beck.

These *lusus naturæ* are, and ever will be, inexplicable. Physiologists assert that up to a certain period of intra-uterine life the sexes are not to be distinguished. Then the genitals begin to unfold themselves, and each sex to be discernible. Nature, as in a freak, stops short the growth of these parts, while the rest of the body progresses to perfection; and at the appointed time, the child comes into the world with these organs “just half made up,” to be

a puzzle to the medical jurist, whose opinion is frequently required to define the position and status which persons of this description should occupy in the animal economy, and who is called upon and expected to clear up all doubts. In barbarous ages they were regarded as outside the pale of humanity, and their lives were directed to be sacrificed for the common weal—in fact they were considered monsters, and treated as such.

The accompanying wood engravings, from photographs by



Robinson, will convey an accurate idea of the condition of those children whose peculiar malformation I have endeavoured to describe. While the elder child was being photographed, the pseudo-penis appeared somewhat turgescient, from being handled to expose it for portraiture.





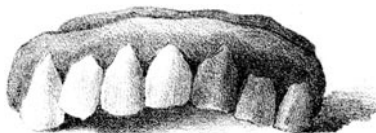
Fig. 1. Diseased Elbow-joint.



Fig. 2. Joint after Excision.



*Fig. 3. Diseased Bones removed by Excision.
(Life size)*



*Fig. 4. Seven Artificial Teeth (set in Gutta Percha) removed
from windpipe by Incheolomy.*